

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

1998

058  
Lobbyist's Registration Number

## FOR OFFICE USE ONLY

Postmark Date: 2/12/98

Rea

1980989

Previously  
Filed 2/18/98  
3 days late

### Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME MORRIS MICHAEL D  
Last First MI

2. BUSINESS PHONE (504) 387-0286  
Area Code and Phone Number

3. BUSINESS ADDRESS 359 Third St. Ste B, Baton Rouge LA 70801  
Street and No. City State Zip

4. EMPLOYER La. Homebuilders Association Self Insurers Fund

5. EMPLOYER'S ADDRESS 359 Third St. Ste B, Baton Rouge LA 70801  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Homebuilders Association - Self Insurers Fund

Address 359 Third St. Ste B, Baton Rouge LA 70801

Business or purpose Group Self-Insured Fund

Does this person pay you? YES

If No, who pays you?

2. Name L A S I E

Address P. O. Box 4151 Baton Rouge LA 70821-4151

Business or purpose Association of Self Insured Industry

Does this person pay you? NO

If No, who pays you? La. Homebuilders Assoc. - Self Insurers Fund

WIND

# LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of Louisiana

Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Michael D. Morris, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Michael D. Morris  
Signature of Lobbyist

Sworn to and subscribed before me on this 12<sup>th</sup> day of

February, 1998.

James R. Jones  
Notary Public

Rev. 8/97



# LOUISIANA LEGISLATURE

## LOBBYING REGISTRATION - EMPLOYER VERIFICATION FORM

Pursuant to La. R.S. 24:50-59

### INSTRUCTIONS

1. Complete form in duplicate, printing or typing same.
2. Sign forms having same notarized as required by La. R.S. 24:54.
3. Remit within 10 days of registration, supplemental registration, or renewal registration - Your registration is NOT complete without these forms.

NOTE: This form necessary for each representation listed on original registration form, supplemental registration form, or renewal registration form.

State of Louisiana

Parish (County) of East Baton Rouge

I hereby verify that Michael D. Morris

Name of Registrant

is authorized to represent Louisiana Home Builders Assoc./Self Insurers Fund

Name of Business, Association, etc. Represented

before the Louisiana Legislature for the registration period commencing January 31, 1998.

Sworn to and subscribed before me on this 12th day of February, 1998.

Dirk S. Leonard

Name (Please type or print)

Dirk S. Leonard

Signature of Authorizing Official

CHAIRMAN

Title

Eugene Reeves

Notary Public (Please type or print name)

NOTARIAL  
SEAL

Revised: August, 1993

Prepared by:

Michael S. Baer, III, Secretary of the Senate

Alfred W. Spoor, Clerk of the House of Representatives

### FOR OFFICE USE ONLY

Received by: \_\_\_\_\_

Date: \_\_\_\_\_